



COMMERCE & INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
500 James Robertson Parkway, Suite 630
Nashville, TN 37243 - 615-741-6780

FOR COMMISSION USE ONLY

Rec'd _____
App'd _____
Hours Credit _____
NOTES _____

APPLICATION FOR IN-SERVICE TRAINING SUBSTITUTION

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

SECTION A

REQUEST FOR:

_____ COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE
(complete section A, B, C and F)

_____ COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE
(complete section A, B, E and F)

_____ SPECIALIZED TRAINING SUBSTITUTION (course must be a minimum of 2 hours duration)
(complete section A, B, D and F)

=====

SECTION B

Last Name, First Name MI Fire Department Name

Rank/Position Social Security Number

Home Address City State Zip

Completed 8 hours of Hazardous Materials Training on _____
Date

Completed the CPR Certification requirement on _____
Date

**SECTION C
COMMISSION CERTIFICATION**

I have completed a minimum of 40 hours of preparatory training toward the following named Commission certification.

Title of Certification Certification Number

Date Issued

SECTION D
SPECIALIZED TRAINING SUBSTITUTION
(Course must be a minimum of 2 hours duration)

Course Title	# of Hours of Course	Test Score
Sponsoring Agency	Institution	Department
Location		
Date: From _____ To _____		# of hours requested

A copy of curriculum and certificate of completion must be attached

* If no test is administered, the attending fire personnel must submit a detailed evaluation of course to the training officer for his/her approval and both applicant's evaluation and the Training Officer's approval are to be attached. **NOTE: IF THIS IS NOT DONE, NO CREDIT WILL BE GIVEN.**

A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.

SECTION E
COLLEGE/UNIVERSITY

TITLE OF COURSE	COLLEGE OR UNIVERSITY
LENGTH (HOURS) OF COURSE	EXPECTED DATE OF COMPLETION

Attach College/University catalog description or syllabus of course.

Upon completion of this course, a copy of the transcript must be provided in order for credit to be given.

This course is being taken for the following reason(s):

_____ Agency Requirement	_____ Professional/Personal Enrichment	
_____ Degree Requirement	_____ Associate	_____ Bachelor _____ Master
_____ Other _____		

A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.

=====

SECTION F

I do hereby certify that all the above information on this form is complete and accurate to the best of my knowledge.

Applicant's signature	Training Officer's signature
Fire Chief's signature	Agency Head's Signature College/University